



The Royal Wolverhampton
NHS Trust

RWT Covid 19 Update Heathy Scrutiny Committee August 2020

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Introduction

Throughout the height of the crisis:

- RWT's first confirmed Covid-19 case was on the 7th March with the West Midlands being ahead of the national profile and being significantly impacted.
- In line with National guidance, all routine activity was paused and only clinically urgent work, including cancer services, continued.
- Cancer pathways were reviewed and adapted to continue to operate in the new environment with 2 week waiting times maintained throughout the first wave of the pandemic.
- All other pathways were either cancelled or where possible telephone clinics were initiated
- Urgent operations were risk stratified against the urgency and the risk for Covid 19.
- Relationship with the Independent Sector commenced and used to protect some of our vulnerable patient groups i.e. cancer.
- Bed model implemented to provide designated zones for Covid and non-Covid patients

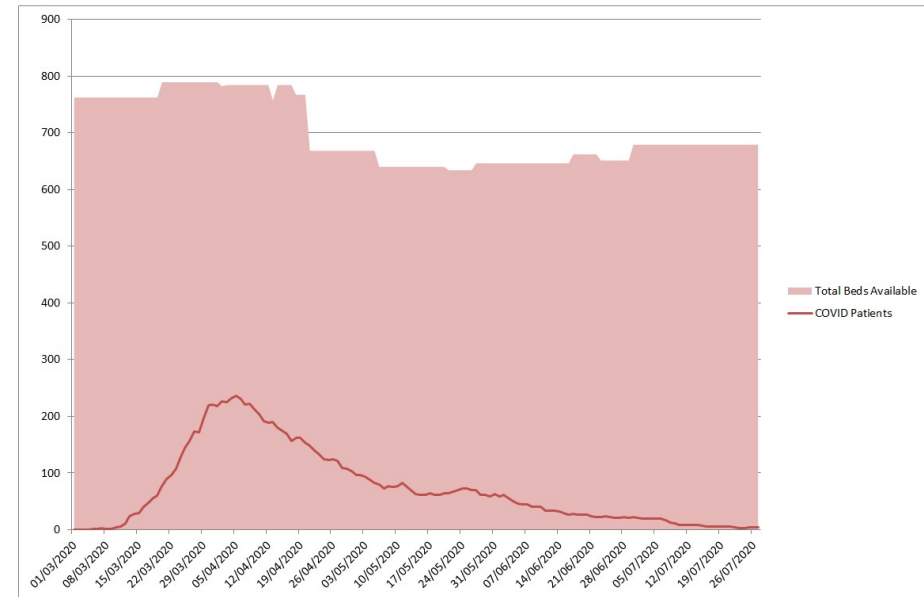
Where are we now?

- Number of Covid cases has significantly reduced and is currently less than 5
- All services have been reinstated and are at various levels of activity compared to Pre Covid levels
- Planning underway for second wave whilst continuously simultaneously with recovery efforts
- Significant focus on staff well being

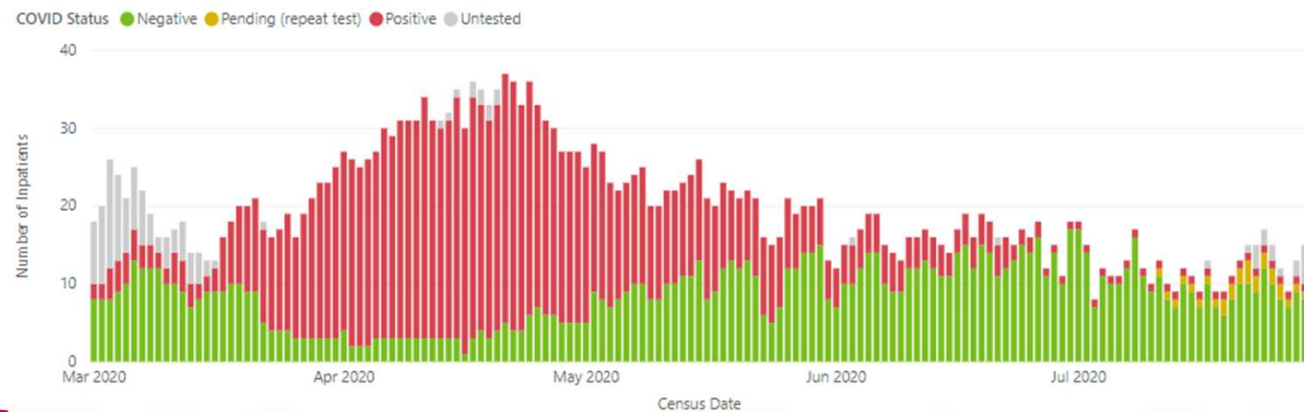


Impact of Covid on bed base

- General beds reached a peak of 236 (see upper right graph opposite) and critical care 38 (see bottom right hand graph)
- Surge plan enacted with designation of 'clean' and 'covid' occupied wards
- Sufficient physical capacity was in place to cope with the Covid demand but only as a result of the curtailment of the elective programme and reduction in other non-elective demand.

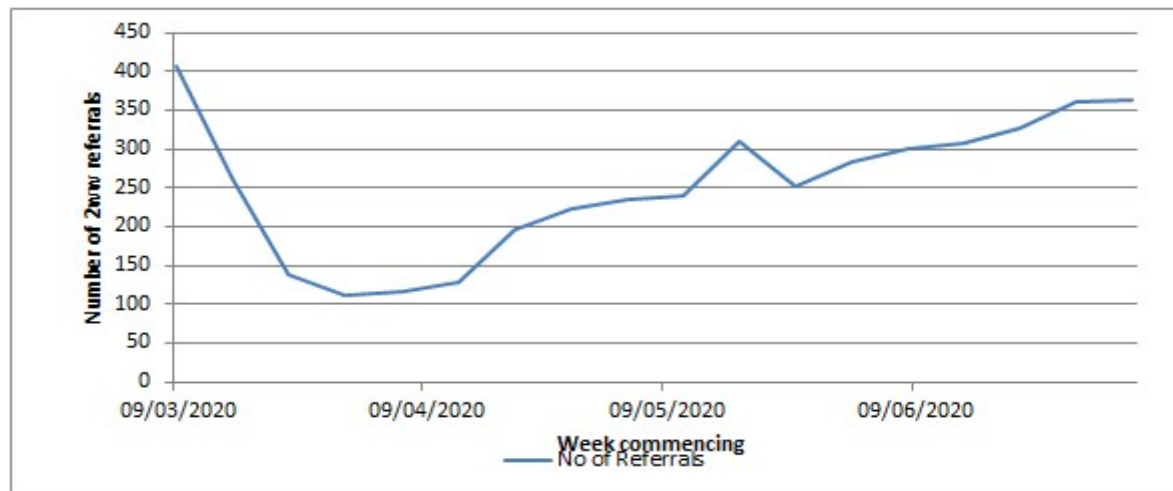


Total Inpatients per day by COVID status



Cancer Referrals

- After reducing significantly during the initial outbreak, there was specific direction to maintain cancer services.
- As a result of the above, cancer referrals began to rise in mid-April and have now grown to around 90% of normal levels (in line with the Cancer Alliance’s expectations). Referrals are predicted to rise to 120% of normal levels by the end of August.
- Clinical Triage Assessment and Virtual 2WW clinics have supported safe delivery of the First Seen standard throughout with plans in place to maintain this going forward
- Local review of referrals to ensure no health inequality evident in numbers of referrals. Some initial evidence in the Black Country of a reduction in referrals for patients with an ethnic background

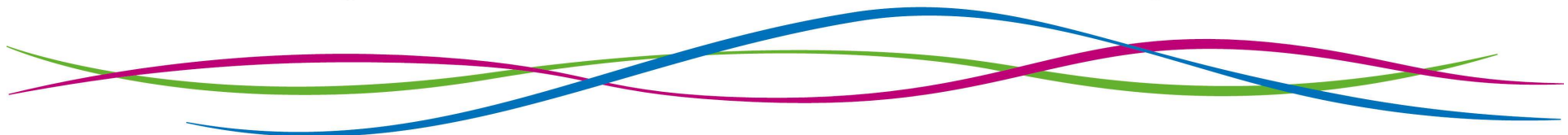
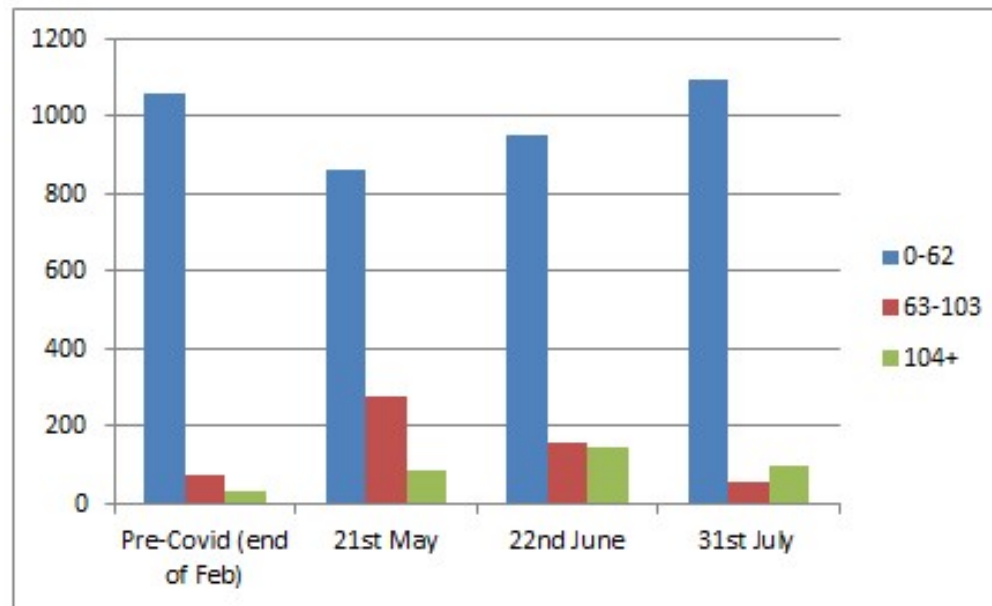


Cancer Waiting Times



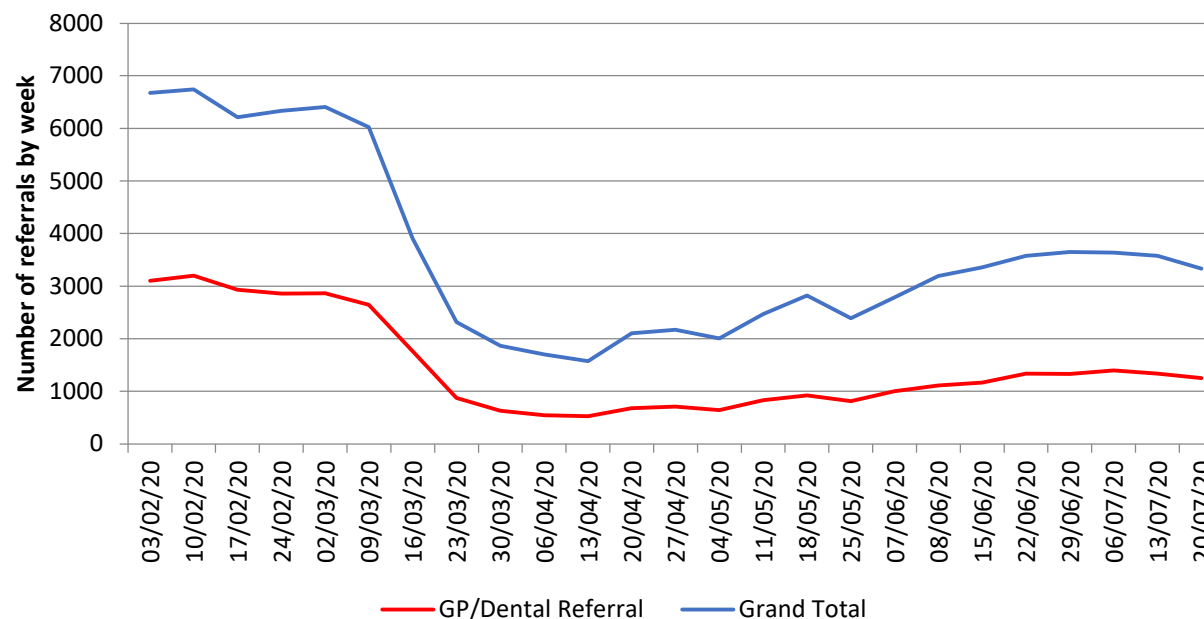
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- The 62 day cancer waiting list remains reasonably static to that pre-Covid.
- The profile of the waiting list has however changed with a shift in patient waiting time. This profile is continuing to improve as services recover.
- Cancer services have been prioritised for recovery and specifically a reduction in the number of patients waiting over 104 days.
- Diagnostic activity is being prioritised towards cancer.
- Various factors mean that treatment numbers remain at around 70% of usual levels but continue to increase.



All Referrals

- Following the marked reduction in referrals in the week commencing 16/03/2020, there has been a slight increase in recent weeks although mainly for cancer referrals with routine referrals continuing to remaining static. The reasons for this and the extent to which this trend is expected to continue is unclear.
- This trend is consistent across all of the main specialties.
- Referral rates remain at around 50% of normal levels reflective of primary care not operating as normal.

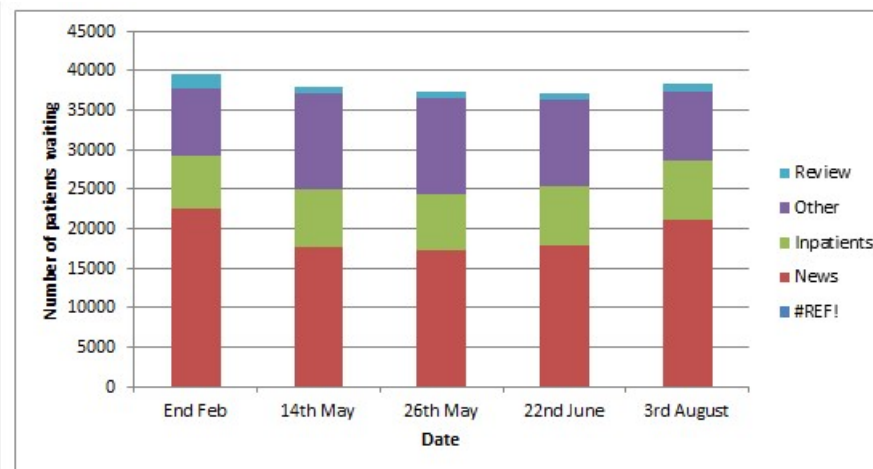
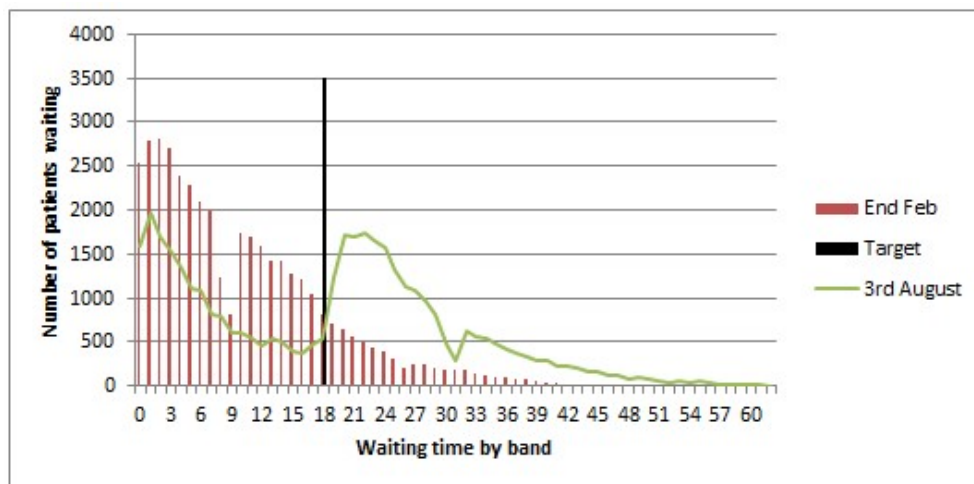


Referral to Treatment Times (RTT)



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- Despite the reduction in activity, the reduction in referrals has meant that the Trusts overall waiting list size has reduced from 39,816, at the end of February, to 38,301 at the time of writing.
- However, with the reduction in activity, the profile of the waiting list has changed drastically such that there is a much greater proportion of patients waiting over 18 weeks, as demonstrated below.
- A combination of both of these factors means that performance has reduced significantly from 83.74% in February to 51.3% (at the time of writing).
- Regrettably but inevitably, the Trust has also had 166 52 week breaches at the end of June – a target that is now being widely breached across the country.
- National RTT performance has deteriorated from 83.2% in February to 62.2% in May. Similarly, the number of patients waiting over 52 weeks increased from 1,613 in February to 26,029 in May.



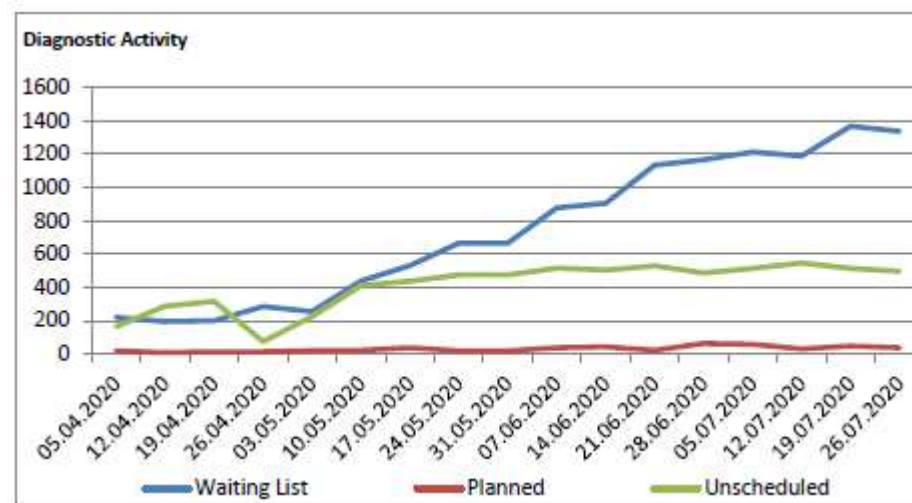
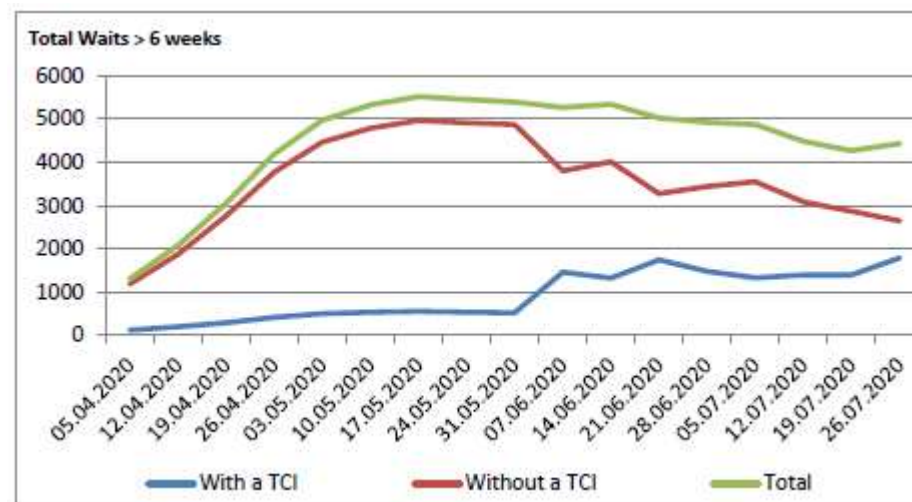
Diagnostics



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- Diagnostics activity was significantly curtailed during Covid-19, with the two largest areas of diagnostic activity (radiology and endoscopy) cancelling all routine work.
- Endoscopy is of specific concern on a national level and likewise remains our key area of challenge at RWT.
- Waiting times have now begun to reduce in line with an increase in activity although both of the main areas (radiology and endoscopy) continue to run at a reduced productivity (c60% and 50% respectively) and normal demand has not yet been restored.
- Most significant progress has been seen in radiology owing to the additional capacity procured with endoscopy continuing to be challenge. Additional independent sector capacity has now been procured.
- Like with RTT, demand has not increased significantly and remains focused on urgent and cancer patients.

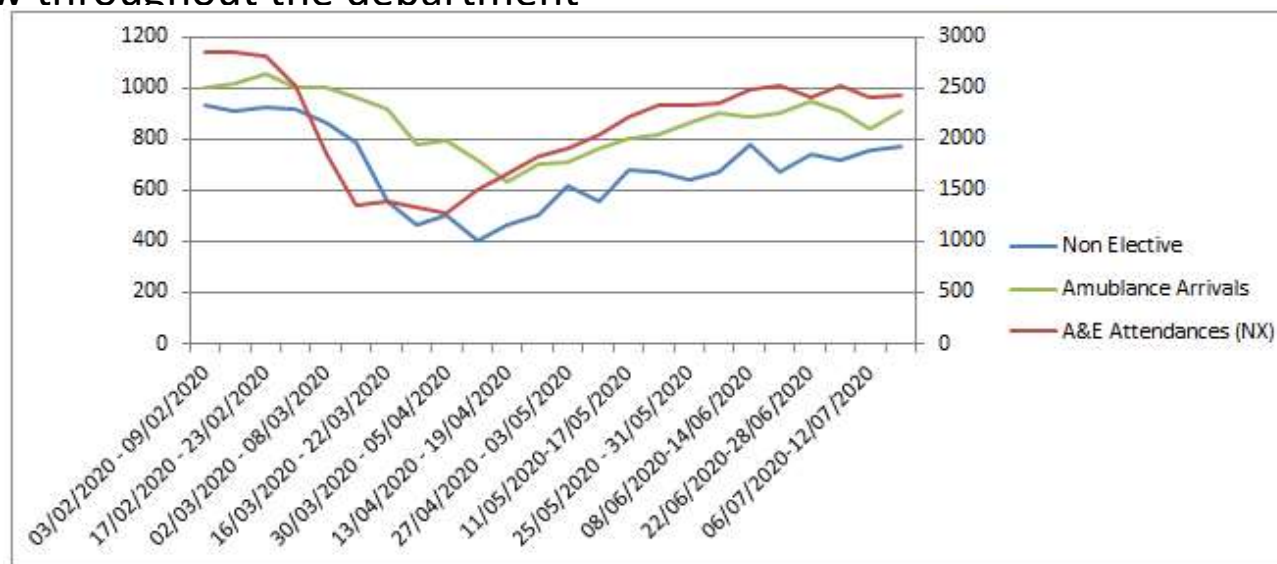


A&E and Unplanned Pathways



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- A&E attendances, ambulance arrivals and non-elective admissions all reduced significantly during the height of the crisis
- Performance increased largely as a result of bed breaches being eliminated (due to the number of available beds increasing) and additional support with DTOCs
- The flow across respective pathways changed as 'minors' demand reduced leading to the closure of Cannock MIU and significant reduction in referrals to UCC. Cannock MIU will be part of consultation on long term future in conjunction with the CCG
- Small physical reconfiguration in A&E to maintain social distancing and enable one way flow throughout the department

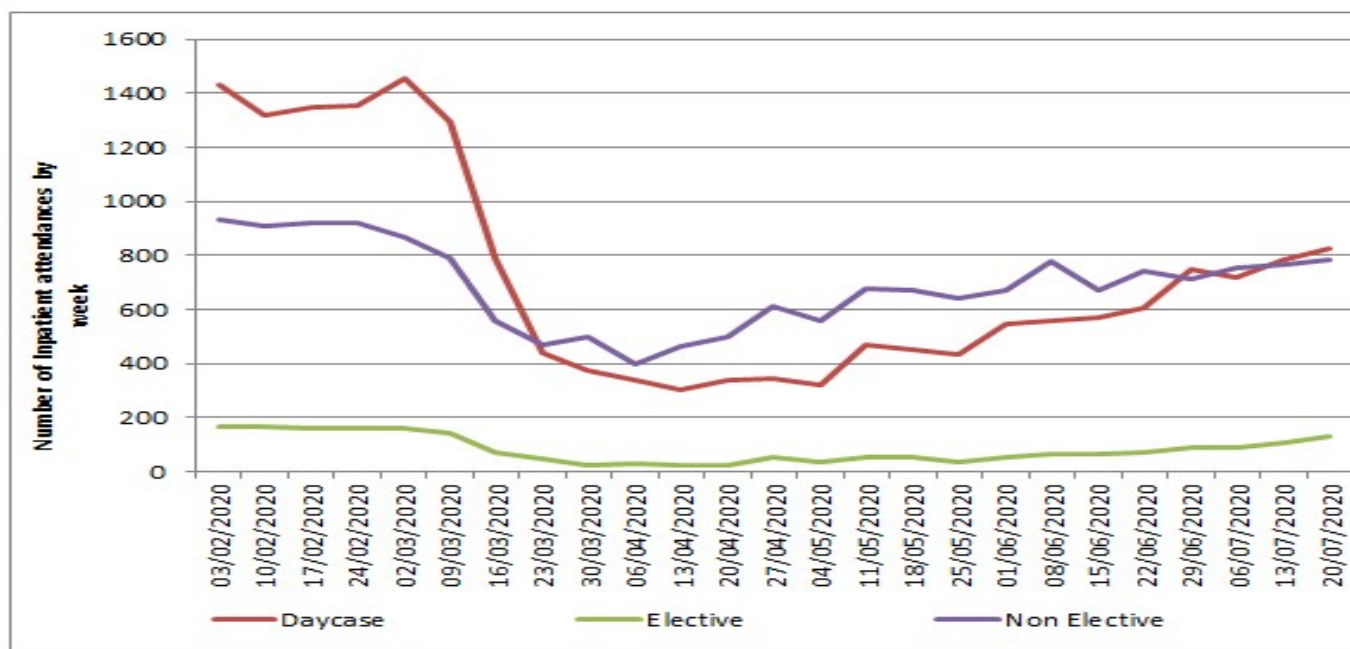


Activity - Inpatients



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- All inpatient activity is restored.
- Day case activity in particular has risen sharply over the course of the month (and is expected to rise further in August). Priority is being given to cancer and clinically urgent patients along with long waiters.
- Non-elective activity was not so significantly affected by Covid 19 and is returning to normal levels at a faster rate than for planned activity.
- Elective and day case activity now resides at around 60% of normal levels and non-elective at around 85%.

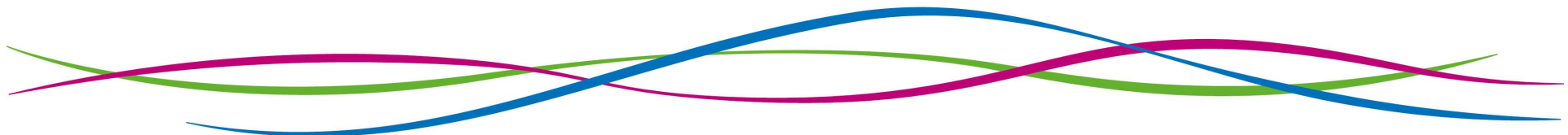
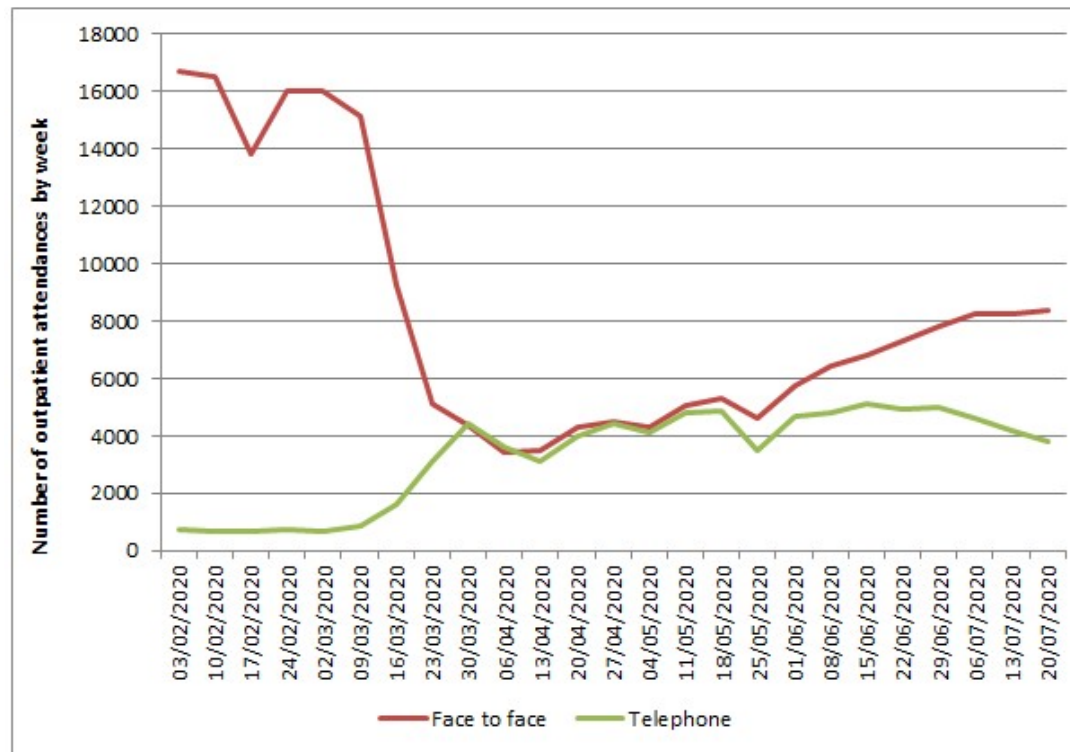


Activity - Outpatients



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- Outpatient activity is now rising markedly – the priority remaining on cancer and urgent patients but with more routine patients also now being seen.
- Notwithstanding the above, the Trust is currently operating at around 75% of its usual activity which reflects the reduced productivity stemming from social distancing measures.
- The ratio of telephone activity to face to face remains under close scrutiny at performance forums.



Next Steps

Screening Programmes.

- Breast Screening managed by The Dudley Hospitals, due to be restored in August.
- Cervical Screening restored. Reporting times for results all within standard
- Bowel Screening, re-introduced but significantly reduced at the time of writing.

Response to Phase 3 Letter

- Will be a challenge to restore activity to required levels as detailed in the letter.
- RWT will continue to use the Independent Sector for some cancer services and diagnostics.
- Cannock Chase Hospital 'green' hospital for the provision of elective orthopaedics, endoscopy, ophthalmology and outpatient services. These are all restored.

Planning for Winter and 2nd Wave

- Learning lessons from wave 1. Maintaining of services, patient flow. Review of deaths.
- Flu campaign
- Staff wellbeing

